

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-033573

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 4 Primary Registration District No. \_\_\_\_\_ Registrar's No. 87

FILED SEP 24 1962

VS 300  
Rev. 4/59

16030

20030

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DATE AMENDED

4/10/63

4/10/63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Divorced

SHOULD READ

Married Josephine Phelps

BY AFFIDAVIT OF funeral director

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Atchison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Atchison</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clark (East)</b>		Length of stay in lb <b>10 hrs</b>	c. CITY OR TOWN <b>Tarkio</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1 mi. East Fairfax</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>400 Park</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>James Earl Phelps</b>			4. DATE OF DEATH Month Day Year <b>Sept. 1 1962</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 18. 29.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Trucking</b>	9. AGE (last birthday) <b>32</b> IF UNDER 1 YEAR Months <b>8</b> Days <b>13</b> Hours <b></b> Min. <b></b> IF UNDER 24 HR Hours <b></b> Min. <b></b>
11. BIRTHPLACE (City and state or country) <b>Plattsburg, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>Bryan Phelps</b>		13b. MOTHER'S MAIDEN NAME <b>Rhoda Cummings</b>	
14. NAME OF HUSBAND OR WIFE <b>Josephine Phelps</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes Korean</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Chas. Phelps</b> Address <b>Tarkio, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CRUSHED CHEST</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>AUTOMOBILE ACCIDENT</b>	
20c. TIME OF INJURY Hour <b>1:30</b> a.m. <b>9</b> Month, Day, Year <b>1 62</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>1 MI EAST FAIRFAX</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>TARKIO ATCHISON MO.</b>
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>D. Galley Coroner</b>		22b. ADDRESS <b>Rock Point Mo.</b>	22c. DATE SIGNED <b>9-5-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/4/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Home Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Tarkio Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Davis Funeral Home Tarkio, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Sept. 11, 1962</b>	26. REGISTRAR'S SIGNATURE <b>Harwin H. Schaefer</b>

USE BLACK INK OR TYPEWRITER RIBBON

SEP 25 1962

SEP 25 1962

FEB 27 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Frost A. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.